REQUEST, AUTHORIZATION, AGREEMENT					A. Agency, code agency subelement and submitting office number (Example-xx-xx-xxxx) B. OFFICE USE ONLY							
AND CERTIFICATION OF TRAINING						(=)	(C. Request status (Mark (X) one) 02				
AND CLI					Initial or		Correction or					
			Se	ction A - TR	ZΔIN	IEE INFORMAT	ION			Resubmission		Cancellation
Applicant's name (Last-	First-Middle Initia	n()		Enter first	03	2. Social Security Nu		04	3. Date	of birth (Year	and n	nonth) 05
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		5 letters of last name							(E Ja	Example - born Inuary 14, 1943 Hown as 43/01)
4. Home address (Numbe	r, street, city, Sta	te, ZIP code)				5. Home telephone		6	6. Position	n level <i>(Mark</i>	(X) on	e only)
						Area code Numb	er		a. Non	-superviory		c. Manager
									b. Sup	ervisory		d. Executive
7. Organization mailing ac	Idress (Branch-D	ivision/Office	/Bureau/	/Agency)		8. Office telephone		9	9. Continuo	ous Service		Number of prior
						Area Code Numb	er Extens	sion \	Years	Months		government ing days
										!		
11a. Position title/function			cappe	applicant handied or disabled ee instuctions)		12. Pay plan / series	/ grade / step	f appointment 14. Education level				
					AINI	NG COURSE D)ATA	<u> </u>				
15a. Name and mailing ac	dress of training	vendor (No				15b. Location of train		me marl	k hox)	>		
roa. Name and maining ac	aress or training	veridor (1vo.,	Street, c	sity, Glato, Zii)		Tob. Education of train	iiig site (# sui	mo, man	(box)	,		
16. Course title and trainir	na objectives (Bei	nefits to be d	erived by	v the Government	t)							
	.9 02,00.1100 (20.		ca 2)	, 4.0 0010	7							
17. Catalog/Course No.	18. Training Pe	riod (6 digits)	06	19. No. of cour	rse ho	ours (4 digits) 07	20. Training	g codes (See instri	uctions)		
		Yr Mo	Day	a. During duty		, , ,		Code	<u> </u>			Code
	a. Start			b. Non-duty			a. Purpose			c. Source		10
AGENCY USE ONLY	b. Complete			c. TOTAL			b. Type		09	d. Special in	terest	11
AGENOT GGE GNET												
Section C - ESTIM	ATED COST	S AND BI	LING	INFORMATION	ON		Section	on D -	ΔPPR(OVALS		
Section C - ESTIM 21. Direct costs and appro			LLING	INFORMATION	ON	26a. Immediate su			APPRO		Tel. No	o./Extension
21. Direct costs and appro	priation / fund ch					26a. Immediate su					Tel. No	o./Extension
	priation / fund ch	argeable		Appropriation / fur		26a. Immediate su					Tel. No	o./Extension
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REQUEST, AUTHORIZATION,							A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxx)					01 B. OFFICE USE ONLY							
AND CERTIFICATION OF TRAINING							}							C. Red	quest status (l	Mark (X) or	ne)		02
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1. App	plicant's name (Las	t-First-Middle I	nitial)			Enter first 5 letters of	03	2. So	cial S	Securit	y Number		04	3. Dat	e of birth (Ye	ar and mon	th)		05
						last name												Example	
																		anuary hown as	14, 1943 43/01)
4. Ho	ne address (Numbe	r, street, city, St	ate, ZII	P code)				5. Ho						6. Pos	ition level (M				•
								Area o	code	! Nu	ımber		_		a. Non-supe			. Manaş	
7. Org	anization mailing a	ddress (Branch	-Divisio	on/Office/	Bureau/A	gency)		8. Off	fice t	elenho	one			9. Cor	b. Supervisentinuous	ory		umber o	
71 018	,umzacion maning e	idaress (Branen	277.000	, a ojjice,	2000	.geney)	-							civi	lian service	Manda	non-g	overnme	
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11a. F	Position title/function	on			11b. Ap	oplicant handi	-	12. Pa	ay pl	an/ser	ies/grade/step	<u> </u>		13. Ty	pe of appoint	ntment 14. Education I			Level
					ca	pped or disable instructions	led												
\(\rightarrow\)					(50		<i>′</i>	A INI	INC	2 CC	OURSE D	АТА	<u> </u>						4
_	Vame and mailing a	ddress of trainir	ng vend	or (No., s	treet, city						f training site			ox)					
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16. Co	ourse title and traini	ing objectives (I	Benefits	to be der	ived by th	he Governmer	ıt)												
17 Ca	talog/Course No.	18. Training	Pariod ((6 digita)	06	19. No. of cou	irse hours (4	4 digits)		07	20. Training	codes (S	ee instructii	ons)					
17. Ca	talog/Course No.	10. Hanning I	Year	Month	Day	a. During d		Tungins)		07	201 1141111119	eodes (b		Code				Code	
		a. Start				b. Non-duty					a. Purpose				08 c. S	ource			10
		b. Complete				c. TOTAL	>				b. Type				09 d. S	pecial Inter	est		11
		Sect	ion C	TF	RMIN	ATION A	ND FX	JALI	JAT	ΓΙΟΝ	DATA (To be	comple	eted b	v Trainee)			
21. Co	urse was completed					es (Month/da		, , , L	J 2 1 1	1101	DITIII		ctual cour			24. Acad	lemic gra	ade/scor	e
a.	YES		a. (Commen	ced		b. Cor	npleted	1			a. Dut	у	b. No	n-duty				
•	NO — Return memo explainir	this form with a	Moi	nth	Day	Year	Month	1	Day		Year								
25. All	sessions were atter		ı I	<u>I</u>			I .							1		1			
a.	YES																		
b.	NO — Explai	in																	
					AR	EAS OF EV	ALUATI	ON									Ra	ting	
26		e (X) in appropr		lumn to in	dicate yo				ough	37. D			a rating)			A	I	3	С
26.	State objective accomplished	$\mathbf{A} = \mathbf{a}$	Yes			B =	= Partially				C	= No							
27.	Coverage of subject matter	$\mathbf{A} = 1$	Excelle	nt		B =	Sufficier	nt			C	= Poor							
28.	Organization of subject matter	$\mathbf{A} = \mathbf{A}$	Well or	ganized		B =	$\mathbf{B} = \text{Adequate}$ $\mathbf{C} = \text{Poor}$					porly organized							
29.	Suitability of instructional mate	A = 1	Excelle	nt		B =	B = Adequate C =					C = Poor							
30.	Level of difficulty					B =	B = Appropriate C					= Too	elementar	y					
31.	Length of course	$\mathbf{A} = \mathbf{A}$	A = Too long				B = Appropriate				C = To short								
32.	Amount of outside or evening work	e A = '	A = Too much				B = Appropriate				С	C = Insufficient							
33.	23 P.C. 4:				B =	Good				C	= Poor						+		
24 Applicability of applicat				B =	= Adequate	e			C	C = Insignificant									
35.	Facilities	$\mathbf{A} = 1$	Excelle	nt		B =	= Good				C	= Poor	,						
36.	Recommendation to colleagues	$\mathbf{A} = 1$	Highly	recomme	nd	B =	= Recomm	nend			C	= Not	recommer	nded					
37. Meet career development plans A = Yes B					B =	= No				C	= Not	applicable	;						

			·
	Section C — TERMINATION AND EVALUA	TION DATA (To be completed by Trainee) — Continu	ued
38.	Comments on strong points of course		
20			
39.	Comments on points of course		
40.	What were your objectives in taking this course? Were they met?		
	and the state of t		
41.	Do you recommend this program for others? If so, whom?		
42.	Additional comments		
.2.			
			-
43. S i	ignature of trainee		Date
			i
	G 4: D GUDEDWIGODY COMMENING		
	Section D — SUPERVISORY COMMENTS	(To be completed by employee's immediate supervisor	r) (
44.	Have you discussed this course and its	-	
	application to the job with this employee? a. YES b.	NO	
45.	What were your objectives in having employee attend course?		
1			
46.	Were the objectives of the training achieved?		
47.	Additional Comments		
1			
1			
1			
1			
40	Circutant of management of the control of the contr	DEDGONNEY MOR ONLY	
48.	Signature of supervisor Date	PERSONNEL USE ONLY	
1	<u>.</u>		
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1			